

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
Registered No. 53

1. PLACE OF BIRTH

County Chila State _____
District or Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Stella Mae Fellows (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Aug 26 1928
Month Day Year

8. FATHER
Full name George W. Fellows
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Tempe
(State or country) Ariz.

13. Occupation Concentrate
Nature of industry Forman

14. MOTHER
Full maiden name Della Barker

15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 27 (Years)

18. Birthplace (city or state) Fieldman
(State or country) Ariz.

19. Occupation House Wife
Nature of industry

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at 12:45 m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles B. Huels (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Arizona
Month, day, year _____ Filed Aug 29, 1928 N. B. D. Paul
Registrar. Registrar.

262-824-429

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, a order of birth stated.